

Topic: BQIS

BQIS invited participating providers to give input on potential follow-up questions that could be built into a new IR system. The following feedback is what was generated during the course of the discussion.

Next Steps:

BQIS will review the feedback internally and also discuss with Advocare. The questions may be used for both a question bank within the current IR system, as well as may be built into any future system design.

Feedback

Abuse/ Neglect/ Exploitation

- Internal investigation completed?
- Date/time, client alone or with someone, location. Require medical treatment.
- Staff suspension
- Who reported? Who is alleged abuser? Specifics of situation – 5 w's and how.
- Type of ANE. Chance of happening again? Isolated incident? What is the effect to the client? Pattern of false allegations by client?
- CPS/APS notified?
- Has individual been removed from further danger?
- Ask if we have a system of reporting?
- Does a risk plan exist? Number of incidents without containing underlying issue?
- Any prior allegations and/or history of false reporting?
- Does consumer has history of false allegations? Does involved staff have had multiple accusations against them?
- Substantiated/not substantiated? Measures to protect individual? CAP- outcome of investigation? Communication with CPS and APS?

ELOPEMENT

- Risk Plan in place?
- Where did person elope to? Duration of time?
- Was it a safe place? What was the trigger? Does client require 24 hr. care?
- Where eloping from or to?
- Do they have safety skills?
- Level of supervision consumer received?

- Is there pattern or first time?
- Time they are missing.
- The appropriate provider i.e., BSS provide the follow-up.
- Is this identified in BSP or other Risk Plan?
- Is there a behavior plan?
- Is there an elopement risk plan? Was it followed? Barriers?
- Has the consumer been located?
- Did any injuries occur?
- Was staff with person or left alone?
- Frequency, duration and severity?
- Types of required support, new or pattern or police involvement?

MED ERRORS

- Were there any adverse side effects?
- What was med missed or extra given? How many?
- Was professional called re: implications of med error?
- Was med present: available, is MARS clear.
- History of errors? Who was responsible for meds?
- Measures in place to prevent?
- Meds involved – how important?
- Was physician notified and/or pharmacy to determine if detrimental?
- What are agency policies? Was it followed?
- Cause of error; medication type?
- If a med is missed and doctor is called who says that there is no harm, it could be collected as data but should be a formal IR?
- How does it (the plan) impact this incident?
- What next steps? indicate where the teams go from here.
- Name of med and classification.
- Where and action taken?
- What was reason for error?
- How long/what was the reason for the med?

INJURIES

- Internal investigation completed?
- What injured?
- Severity?
- Medical treatment required?
- Where it happened?
- Risk Plan in place? Did staff follow plan?
- Number of times an allegation has been made against this staff?

- Does the unknown injury appear in a place that is consistent with daily activities?
- Is it suspected abuse or neglect?
- Injury cause, size, first aide/treatment.
- Was the injury a result of identified risk? Was plan being followed?
- What is the plan of correction?
- Why did injury occur?
- Was the client being monitored when the injury occurred?
- Was medical care needed?
- Medical attention sought? Follow-up medical attention required?
- Possible contributions i.e., does something need changed?
- Measures to protect individuals.
- Responsible party.
- Potential time-frame of occurrence.

CHOKING

- True choking?
- Could not speak, breathe or cry?
- Risk Plan being followed?
- Antecedent?
- Medical treatment required?
- Does plan need to be revised?
- Textural restrictions?
- How many times has this person choked?
- Frequency?
- What type of choking?
- Is staff trained in current procedure?
- If this in ISP and consumer has and History, they are at risk for choking, it is already known, why an IR?
- Does the event put consumer's health and safety at risk and how?
- Is there a choking risk plan? Was it followed?
- Was staff retrained?
- Dining plan in place? Were staff following plan?
- If high risk plan is in place.
- Direct type diet/consistency of food.
- Swallowing study conducted?
- Follow-up with physician?
- Staff presence?
- Degree of MI.
- Follow-up action and outcome.

SUICIDE ATTEMPT

- What mental health services were utilized?
- History of this behavior?
- Antecedent?
- Isolated incident?
- Mental Health diagnosis?
- Risk Plan? Risk Plan needed?
- Staffing levels?
- On Psycho-tropics?
- Is this identified behavior in the plan?
- What are your ABCs?
- Request policy for area to assure system is in place and what failed in system.
- Did consumer display suicidal ideation prior?
- What safeguards were put in place to try to prevent?
- What was the closest incident prior to this incident?
- Is this the first attempt?
- Suicide watch/risk plan?
- Injury? Medical attention sought?
- Measures to protect individual.

BEHAVIORS

- Behavior Plan in place?
- Was it followed? 5 Ws and how.
- Measures in place to prevent-such as a BSP.
- Did this behavior happen with same staff person?
- ABC
- Is there a current BSP?
- Does person have BSS?
- Is there a functional based assessment?
- When was it done?
- Have additional peer or consultation been sought?
- If PRNs are written in ISP and HRC – why would use or mandate an IR?
- Is this behavior included in behavior plan?
- IS this in the behavior plan?
- Is this injury addressed in the BSP?
- Is this a current BSP and does it remain appropriate?

USE OF PRNs

- Were restraints/PRN written and approved in behavior plan?
- Prior to medical appointment?

- Antecedent?
- Approval process?
- Is BSP current and HRC approval?
- Why given?
- What other measures were attempted prior to?
- What less restrictive interventions were used first?
- Effectiveness?
- How often are PRNs given?
- Was plan followed?
- BMAN services?
- Was BSP protocol followed?
- Protocol.
- Trigger.

OTHER FACTORS TO CONSIDER

- Status of individual once the incident is over whether or not plans are being followed.
- In regards to falls-time of day, location and staff ratio.
- Who is responsible for supervision at time of incidents - family, residential staff or day staff?
- Patterns, frequency and intensity.
- Behavior supports review board for sentinel events.
- Appropriate provider within IST prompted to provide follow-up information rather than RHS provider solely.
- All team members are alerted to open cases IR.
- Was there a risk plan, was it followed, does it need modified.
- What number of occurrence?
- What other supports they wanted.
- Risk plan.
- Staffing – was the client with staff or on their own?
- What kind of support team did they have?
- Topics are covered in consumer specific training.
- Progression – what was initial trigger, then progression.
- What needs to be reported?
- All falls should require IRs – not just falls with injury.
- Current status of consumer.
- Investigation status.
- APS line – send.
- Reports available.